

Pg. 1

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. 10730561	FILED DATE 12-28-03
10-17-05 CLAIMS						APPLICANT(S)	
AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT			
NO	DEP	NO	DEP	NO	DEP	NO	DEP
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
7						57	
8						58	
9						59	
10						60	
11						61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31	2	2	2	2	2	81	
32	2	2	2	2	2	82	
33	2	2	2	2	2	83	
34	1	1	1	1	1	84	
35	1	1	1	1	1	85	
36	1	1	1	1	1	86	
37	2	2	2	2	2	87	
38	2	2	2	2	2	88	
39	2	2	2	2	2	89	
40	1	1	1	1	1	90	
41	1	1	1	1	1	91	
42	1	1	1	1	1	92	
43	1	1	1	1	1	93	
44	1	1	1	1	1	94	
45	1	1	1	1	1	95	
46	1	1	1	1	1	96	
47	1	1	1	1	1	97	
48	1	1	1	1	1	98	
49	1	1	1	1	1	99	
50	1	1	1	1	1	100	
TOTAL NO.	6	5	5	5	5	TOTAL NO.	6
TOTAL DEP.	66	58	57	57	57	TOTAL DEP.	44
TOTAL CLAIMS	22	58	56	56	56	TOTAL CLAIMS	50

PTO-1300 (Prescription only) (2/03)

56

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CLAIMS ONLY				Application Number 10/730501		Filing Date	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
101							51
102							52
103							53
104							54
105							55
106							56
107							57
108							58
109							59
110							60
111							61
112							62
113							63
114							64
115							65
116							66
117							67
118							68
119							69
120							70
121							71
122							72
123							73
124							74
125							75
126							76
127							77
128							78
129							79
130							80
131							81
132							82
133							83
134							84
135							85
136							86
137							87
138							88
139							89
140							90
141							91
142							92
143							93
144							94
145							95
146							96
147							97
148							98
149							99
150							100
Total Indep	3		2				Total Indep
Total Depend	18		15				Total Depend
Total Claims	21		17				Total Claims

$$\begin{array}{r}
 56 \\
 50 \\
 \hline
 106 \\
 17 \\
 \hline
 123
 \end{array}$$

$$\begin{array}{r}
 13 \\
 119 \\
 \hline
 132
 \end{array}$$